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Bio Data Sheet

SERIAL NUMBER 10/021,974	FILING DATE 10/30/2001 RULE	CLASS 418	GROUP ART UNIT 3748	ATTORNEY DOCKET NO. LYB 2 0021-3												
APPLICANTS John R. Graber JR., Murrysville, PA;																
** CONTINUING DATA ***** This application is a CIP of 09/691,009 10/18/2000 ABN <div style="text-align: center;">YES TT</div>																
** FOREIGN APPLICATIONS ***** <div style="text-align: center;">NONE TT</div>																
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/11/2002																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width: 15%; text-align: center; vertical-align: top;"> STATE OR COUNTRY PA </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 12 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 47 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 5 </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 12	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 5						
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ADDRESS Thomas E. Kocovsky, Jr. FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP Seventh Floor 1100 Superior Avenue Cleveland, OH 44114-2518																
TITLE Multi-stage helical screw rotor																
FILING FEE RECEIVED 1738	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:															
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